as sender: complete this section Docum	COMPLETE THIS SECTION DIPLOTRY Page 1 OF
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to: Southern Union State Community Collectory C/O President	If YES, enter delivery address below:
Adult Education and Skills Training Div	ision
1701 LaFayette Parkway Opelika, AL 36801	3. Service Type Certified Mall Registered Insured Mail C.O.D.
07cv967 S+C	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 14	90 0000 0026 6985

Domestic Return Receipt

102595-02-M-1540

(Transfer from service label)

PS Form 3811, February 2004